

# Retail Food Inspection Report


Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> MID-TOWN COMMONS	<b>Telephone Number</b> Est 812-945-8704 Own (812) 945-8914	<b>Date of Inspection</b> 09/03/2020	<b>ID#</b>
<b>Address</b> 1423 E. OAK STREET, NEW ALBANY IN 47150	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 09/13/2020
<b>Owner</b> NORTHSIDE CHRISTIAN CHURCH		<b>Menu Type</b> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
<b>Owner's Address</b> 4407 CHARLESTOWN RD NEW ALBANY, IN 47150-			
<b>Person in Charge</b> JONATHAN WOOD			
<b>Responsible Person's Email</b> MSTAUFFER@MYNORTHSIDE.COM			
<b>Certified Food Handler</b> SUSAN RONE			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected

**Summary of Violations**      C ☐      NC ☐      R ☐

Received by (name and title printed): JONATHAN WOOD	Inspected by (name and title printed): A.J. Ingram CHIEF FOOD SPECIALIST
Received by (signature):	Inspected by (signature): 
cc:	cc: